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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

This application is a DIV of 09/855,946 05/14/2001 PAT 6,676,702  
*OK AS*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

*none AS*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 04/29/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>AS</i>	STATE OR COUNTRY WA	SHEETS DRAWING 2	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 1
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Verified and Acknowledged  
 Examiner's Signature Initials

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TITLE

Mitral valve therapy assembly and method

FILING FEE  RECEIVED 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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